PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 79.45.15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-00

CERTIFICATE OF DEATH

04682 61 Reg. Dist. No. 61

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
4. Sex	5. Color or race	Wid	owed		CERTIFICATION		
5.(b) Name of husbar 7. Birth date ot deceased (mo., da)	d or wife Adol	6.(c)	It allve, give ageyears	21. I CERTIFY that death occurred on the date of the last saw half alive on	e above stated; that t attended deceased from 19.46 to Many 7 1946 Many 7 18		
	66 2	Days 18	If less than one dayhrs,min.	Immediate cashe of death the learning of the control of the contro	uniting OURATION		
10. Usual occupation	ess	wife ilion	ite)	Oue to			
14. Malden nam	Mahalia Kentu rs, Alfre	Walla cky d Bilb	rough	Autopsy results	in 3 months of death)		
Cemetery or crema	on, or removal. Which?) Valle	Date thereo	May 8 1946	22. VIOLENCE: If death was due to externa Accident, suicide, or homicide	al causes, till in the tollowing;		
18. Funeral director	Raymond. Greensl	B.Raw	lings d.	Means of Injury 23. SIGNATURE Ceucle Address Drelustors	Injured at work? Injured at work? M.D. or other M.D. Date signed 5 - 8 - 46.		

MAY LO 1946
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9-45-15M

A15 VS

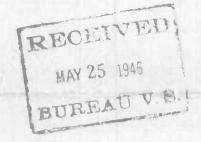
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

				1	7	
D	Disa	BI-	6	9		
Res.	Dist.	No.	6	9	2	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Kor,pewborn infants give residence of mother)
County Caroline	Was land Caroline
City or lown. (If outside city or town limits, prite RURAL and give nearest town)	State I County County
	City or town (10 or bide city or town limits, write RURAL and give bearest town)
How long in above place of death?	
	Street No. (If rural, give LOCATION)
() 2.1.	2.(a) If veteran, name war.
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Thomas Culm	ig on
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
of a merried	20. DATE OF DEATH MAY 16 19 46, 218:45 PM
Sidney Green Ferman	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
8.(b) Name of husband or wife	Cufred 27 10 29, 10 200 16 10 46
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) July 22 /839/	Immediate cause of death
8. AGE: Years Months Days If less Ihan one tray	allein reliens 10 genes
87 (9) 6hrsmin.	
000	
9. Birthplace One (Town, county, and state)	Due to
12 2 200 ()	
10. Usuat occupation	Due la
11. Industry or business, Tarming	
12. Name Osefile Eggennam	Bther conditions
13. Birthplace Officers Mids	(Include pregnancy within 8 months of death)
14. Maiden name Spartha Gloraly 15. Birthplace and Mar	Major findings of operations
15. Birthplace Concord May	Date of op.
1. 9/6	
18. Informant	Aniopsy results
Address Henton, many and	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burial Date thereof Mran 19 1946	
17. (Burial, cremation, or removal. Which?) Dale thereof (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory	Where did injury occur?
C A And	Injured at home, farm, industry, public place (where?)
Location Original Control of the Con	Meens of Injury Injured all work?
18. Funeral director. The state of the state	DA AFF
Address Denton manyland	23. SIGNATURE CON JUNOTES UN CI
5/19 46 20 Jones	M. D. or other
19. Data/rec'd by registrar	Address Dato signed 5/8/46



WRITE

PLEASE

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

Date signed

County CAPOLINE City or town Smithson (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh?			(For newborn infants give residence of mother) Maryland Caroline State County City or town (If outside city or town limits, write RURAL end give nearest town) Streel No. (If rural, give LOCATION)		
			2.(a) If veteran, name war		
3. (a) FULL NAM		tchell J. Hall	3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Married	20. DATE OF DEATH. 21 6 P. 1946 21 6 P.		
S (h) Name of husban	Vir	ginia Hall	21. I CERTIFY that death occurred on the date above slated; that attended deceased from		
O.(C) Name of nusban	u ur wife	5(a) Haller also 222 74			
7. Birth date of	,yr.) Mar. 18		and that I last saw h.M. alive on May 2 19.446.		
8. AGE: Yea		Days It less than one day	Immediate cause of death CCC ANGI KMOUS home DURATION		
75	1	14 hrs.			
1D. Usual occupation	Mercha	. county, and state)	Due to Asboroschini & Chome 1020 Due to Due to		
13. Birthplace	oseph Ha Salisbu	ry, Md.	Other conditions Portation Sygnestryphy 10 years Benissa. (Include pregnancy within 8 months of death)		
当 14. Malden name	. Sarah	Baker			
HE 14. Maiden name	Salisb	ury, Md.	Major fiedings of operations. Date of op.		
		l Hall	Autopsy results.		
	Preston,		PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Buri	al	= 2010	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
			Injured at home, farm, Industry, public place (where?)		
Location Preston, Md. 18. Funeral director H. M. Hollis			Means of Injury Injured at work?		
	Presto	Cornela Plum. Regist	23. SIGNATURE M. D. or other M. D. or other tror Address Herry Heuryleury Date signed Hose		

Registrer Address ...



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940)

04685

CERTIFICATE OF DEATH

Reg. Dist. No. lo 4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County City or town	State		
3. (a) FULL NAME Thany Jane Howard	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH		
8.(b) Name of husband or wife Mark Howard 8.(c) If allve, give age 60 years 7. Birth date of deceased (mo., day, yr.) Harray 9, 1888	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from 19 10 10 2000 19 and that I last saw h Malive on 1946.		
8. AGE: Years Months Days If less than one day 58 3 28 hrsmin.	Immediate cang of death DURATION 2 Logs.		
9. Birthplace. Denter Mary Land (Town, county, and state) 10. Usual occupation. Housework 11. Industry or business Home	Due to		
12. Name Leanard Statum 13. Birthplace Bucks County, Pennsylvania	Other conditions		
14. Malden name Elizabeth Carey 15. Birthplace Bucks County Pennsylvania 16. Interment Mark Howard	Major fiadings of operations. Date of op.		
Address Denton, May land R.F.D. 17. Bural (Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year) Cemetery or crematory. Hill Crest Cemetery	PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Federalsburg Maryland 18. Funeral director of Framptom and Son	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of injury injured at work?		
Address televalsting Maryland 19. May 8th 19.416 5. J. Fram Stam (Date rec'd by registrar)	23. SIGNATURE M.D. or other Address Date signed T. T. L. C.		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

()	46	85	,	,	
Dan	Dist	No	6	/	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carvette	2. 1
Guero toro Rural.	State County Caco
City or town. (If outside city or town limits, write RURAL and give nearest town)	Livers bur Tural
	City or town
How long in above place of dealh?	(12 od side only of town miles)
nospiial, institution, or street addiess where death pounted.	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
	10 (h) C : 1C : 1 N . L .
3. (a) FULL NAME James Johnson	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or disprced	MEDICAL CERTIFICATION
m C widowd'	
70.	20, DATE OF DEATH May 9 18 46, at 11 6. 18
0 100-0	
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	Jet. 1 19 4 6, 10 flay 7 19 7 9
	and that I last saw h w allye on Mout 1 13 L
7. Birth date of deceased (mo., day, yr.) Fub 23, 1874	
	Immediuta cause of death
o. Adl.	Gerric / Misolaidello
72 2 19hrsmin.	
10 D. D. A. Chad.	- Caller Call d-
9. Birtholace Grews biro Caroline Md.	Dup to Control Court Cop
(Town, county, and state)	acelerrocular arreace
10. Usual occupation. Tabret	
	Due to
11. Industry or business	
12. Name / O Jacoba	Other control Cheal how here
12. Name No Period 13. Birthplace No. Record	
	(Include pregnancy within 3 months of death)
14. Maiden name AD Record 15. Birthplace 10. Record.	
De la Propertie	Major findings of operations.
∑ 15. Birthplace	Date of op.
16. Informant Mrs. auca bell Journal	Antopsy results
A Dood	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / delleables / 7700	22. VIOLENCE: If death was due to external causes, fill in the following:
Bural 3- 112,46	
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
711. 2 - 1 - 22	Where did injury occur?
Cemetery or crematory	
leastles Near Lever buro ma	Injured at home, farm industry, public place (where?)
P. IDP. D. T.	Means of Injugal
16. Funeral director. au mond b. Awelings	
1 Harristup med	TOO ON WALL
Address Stelles very gra	23 S(GNA) Scherch N & Vousiky MV
m. 11 46 1 m. 4.	M. V. Sylveny
(Date reo's by registrar) Registrar	Address Teems on hea Date signed 11
(Date red a by registrar)	1961



VS A15

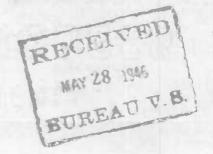
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)-2)

CERTIFICATE OF DEATH

()4687/ Reg. Diat. No. 4/

County County Crocking City or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Copoty Copoty
How long in above place of death?	City or town. (1f outside city or town limits, write RURAL end give nearest town) Street No. (1f rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Quiel. K. Knight	3. (b) Social Security Number
4. Sex 5. Color or race Wildoned Wildoned	MEDICAL CERTIFICATION 20, DATE OF DEATH. 7/24 20 19 46 at 10.4524
8.(6) Name of husband or wise. Alam King hi 7. Birth date of decreased (mo. day, yr.) May 6 - 183-6	21-11 CERTIFT that death occurred on the date above stated; that t attended deceased from 18 16 to May 20 19 46 and that I last oaw h 22 alive on May 19 18 46
8. AGE: Years Months Days It less than one day 14hrsmin.	Immediate cause of death DURATION CLESTORIE PROCEEDING DURATION
9. Birthplace Salus N. J. (Town, county, applicate) 10. Usual occupation Honseufe	Due to Color Delas II color Deseage
11. Industry or business 12. Name	Other conditions Cleronce Refacility
14. Maiden name So Record 15. Birthplace So Record	(Include pregnancy within 3 months of death) Major fiediegs of operations
16. Informant Mrs. Siggie morgan Address Lieus boro Mid.	Autopsy results
17. Burial Bate thereot May 24, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following; Accident, outcide, or homicide
Location New Soeds bus md.	Where did injury occur?
18. Funeral director Ray grand B. Rawlings Address Trees boro md-	Moans of Injury Injury Injury at work? 23. SIGNATURE States & States fully of
18. May 2 df 1946 L. Mat Migsettar (Date reprise registrar)	Address Leeu bru Negate signed 1941



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VS A15 9.45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04688 6 C

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	state Mid county Carolina
City or town	T 11
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Samuel R. Merchant	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w Widowed	20. DATE DE DEATH 19.46 at 445 P.M
8. (b) Name of husband or wife auca Walls Murkant	21. I CERTIFY that death occurred on the pate above stated; that t attended deceased from
	Tana 1 19 46, 10 Tung 1 1 19 7/2
7. Birth date of Sully 3d. 1876	and that I last saw have alive on they
deceased (mo., day, yr.)	Immediate sause of death
6. AUL.	Cucurous of I mally 132
69 10 13min.	
9. Birthplace. Tempolivelle md. (Town, county, and state)	Due to Cachipac
10. Usual occupation Frances	musto Bhas hack a orsus hazar
	Due to Company Tax Clary of Control Manager
11. Industry or business	STuzdl.
12. Name Ruhard Mushaul 13. Birthplace Ind.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Marsha Vair Saul -	Major findings of operations.
El 19. Birthplace	Dale of op.
16. Informant of oy murchaul	Antopsy results
Address Timbs levelle md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B 1 Trans 21.1946	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?), (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Templeville	Where did injury occur?
Location Temp levelle ma.	Injured at home, tarm, Industry, public place (where?)
Robert Barrelling	Means of Injury Injured all work?
18. Funeral director	O MILL OF THE
Address full file for the file	23. SIGNATURE WILLOCAPPE M. D. or other
19. May 20 (Date rend by registrar) (Date rend by registrar)	Address Fred Perillo Tree Date signed 5/20/46

JUN 4 1946 BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33)



04689

CERTIFICATE OF DEATH

×				1	1
	Reg.	Dist.	No.	61	

County	(For newborn infants give residence of mother) State County Caroline City or town (if outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME James J. mroce	3. (b) Social Security Number
4. Sex 5. Coler or race 6.(a) Single, married, widowed, or divorced Marced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Dr. aug. 24 19.46. au. 9.46. P. w
8.(b) Name of husband or wife Mary E. Charlas 7. Birth date of deceased (mo., day, yr.) March 10, 186-3 8. AGE: Years Months Bays If less than one day 12 hrs. min. 9. Birthplace Malletone Illunese (Town, county, and state) 10. Usual occupation. Harmer	21. I CERTIFY that death occurred of the date above states: That I attended deceased from May 1946, 10 Hogy 1946,
11. Industry or business 12. Name	Other conditions
18. Funeral director Ray growd B. Rawlings Address Teleus buro Ind. 19 March 27, 1946 A. Marchings (Date rec's by registrat) (Date rec's by registrat)	23. SIGNATURE Sceen or w hear Date Spheren 24/94

RECEIVED
MAY 28 1946
BUREAU V. S.

1. PLACE OF DEATH:

How long in above place of death?

How long in hospital or institution? 3. (a) FULL NAME

Years

(Buriai, cremation, or removal, Which?)

4. Sex

7. Birth date of deceased (mo., day, yr.)

9. Birthplace.....

10. Usual occupation. 11. Industry or business 12. Name ...

13. Birthplace

14. Malden no 15. Birthplace 14. Malden name,

16. Informant

8. AGE:

Hospital, Institution, or street address where death occurred:

5. Color or race

Months

tem of information carefully. The causes of death clearly and legibly. every item or UNFADING INK. Supply everant. Physicians: please write

MARGIN RESERVED FOR BINDING WITH UNF. PLAINLY, v is especially i PLEASE WRITE A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore ??

CER	TIE	ICA'	TF O	FD	EATH
CEIN		IUM			

2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:
4 4	- ()·
State	County
City or town (1f outside city or town lim	nits write RURAV and give nearest town)
Street No(If rural, gi	ive LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
cpards	CERTIFICATION
20. DATE OF DEATH May 2.	5 19 46 11 9.30 14
CLOCKTIFY that death occurred on the date	above stated; that attended deceased from
may 2	146 10 May 24 1046
and that I tast saw en alive on	nay 241 1846
/ 1/	DURATION
Immediate cause death death	
Due to Green, Sclay	116 5
Due to. (1) 6 9 6	ulo, disease
Due to	
***************************************	***************************************
Other conditions	
(Include pregnancy within	3 months of death)
Major findings of operations	
	Date of op
Autopsy results	
PHYSICIAN: Please underline the cause to	which death should be charged statistically.

22. VIOLENCE: If death was due to externat causes, fill in the following:

Accident, suicide, or homicide..... Where did injury occur?

(City or town)

(County)

injured at home, farm, industry, public place (where?) ... Meene of injury

tnjured at work?

23. SIGNATUR

(month) (day) (year)

16. Funerat director.

Cemetery or crematory.

Oate thereot

(Town, county, and state)

ity or town limita, watte RURAL and give nearest town

tf less than one day

Address

MAY 30 1946
BUREAU T:

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VS A15

Address

19/Ma. 2 3 (Date ref d by registrar)

is shown on 2411 N. Char	EPARTMENT OF HEALTH cles St., Baltimore (20) TE OF DEATH Reg. Dist. No. 6 6
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
Chily Seeh	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced T. C. Wildowed.	MEDICAL CERTIFICATION 20, DATE OF DEATH 19 46 at 2
8. AGE: Years Months Days If less than one day 7. Birthplace. Ruly sey (Town, county, and state)	21_I CRATIFY that death occurred on the date above stated: thet lattended deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10
11. Industry or business as barry cears 12. Name	Diher conditions
14. Maiden name	Major findings of operations
17. (Burial, cremation, or removal, Whilch?) Cemetery or crematory. Location 18. Funeral director. A any mond B Cawluge	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or bomicide
18. Funeral director	11/1/

Address.

and give nearest town)

he charged statistically.

M. D. or other

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MAY 25 1946
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information carefully. The conference of death clearly and legibly. item of in ADING INK. Supply ever Physicians: please write WITH UNF! PLAINLY, vis especially i

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PLEA

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55-0

04092

CERTIFICATE OF DEATH

MEDICAL CERTIFICATION

2.(a) It veteran, name war.....

3. (a) FULL NAME

1. PLACE OF DEATH:

How long in above place of death?.....

How long in hospital or institution?....

Hospital, Institution, or street address where death occurred:

County Caroline

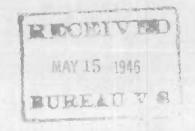
Otho B. Smith

(If outside city of bown limits, write RURAL and give nearest town)

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced white. loidowed mala addie M. B.(b) Name of husband or wife.6.(c) If alive, give age 7. Birth date of November 14, 1866 deceased (mo., day, yr.) Years Months Days 8. AGE: If less than one day 79 18 (Town, connty, and state) Retired Farmer 10. Usual occupation... 11. Industry or business Man Gand tederalsburg Manhand RFA (month) (day) (year) Date thereot (Barial, cremation, or removal, Which?) Crest Cometers Maryland 18. Funeral director... -J. Framb

20. DATE OF DEATH	May	2	19.46	15:20 A.
21. I CERTIFY that death oc				1
Munic	1	10.	may	19. 4. 9
and that last saw h.A	alive on	Mo	4 2	DIRATION
Immediate cause of death.		·····		DURATION
Karar	manya		ruge	492
E 90	napaly	zec/1		
Due to.	exact	Bus		******************
***************************************	*****		**********************	M1010000000000000000000000000000000000
Due to	•••••			***************************************
***************************************	.,			
Other conditions			*************************	7
(Inciude p	regnancy within 8	months of d	(Ath)	-40
Major findings of sperstion	A A STATE	1000	- q 21.	7-
Mojor findings of sperstice	me j		Dale of op	742
Actorsy results		***************		
PHYSICIAN: Please under	line the caose to	which death a	hould be charged a	tatistically.
22. VIOLENCE: If death w	as due to external ca	auses, fill in th	e following:	
Accident, suicide, or homicid	le		Dale of	
Where did injury occur?	(City or town)	***************************************	Comment	(State)
Injured at home, farm, Indus	try, public place (**********************
Means of Injury			ured at work?	
Cof.	l. n	10	ders	w M K
23. SIGNATURE	2000	,,,,	M D o	



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

(14693 Reg. Diat. No. 66

1946

2411 N. Char	rles St., Baltimore 🚱
CERTIFICA	TE OF DEATH Reg. Diat. No. 66
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town lights, write LURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME — alim Thomas	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, merried, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 1846, 21 2 a
8,(b) Name of husband or wife	21. I CERJIFY that death occurred on the date above stated; that I attended deceased from May 4 10 May 5 10 46
7. Birth date of deceased (mo., day, yr.) May 4 1946	and that I last saw hallve on
8. AGE: Yeare Months Days If less than one day	1. Tremeture
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation.	Due to
11. Industry or business 12. Name Johnso O Thomas. 13. Birthplace O Kieley y 7m.	Diher conditions
14. Malden name. Jasie Jiler 15. Birthplace Judens viller 7:12.	(Include pregnancy within 3 months of death) Major findings of operations.
\$ 15. Birthplace Sudeno ville 712	
18. Informant anno T bonnuo.	Autopsy results
Address Medguy Ma. 17 Gurial cremation, or removal. Which?) (Burial cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Thomas Bureau Gran	Where did injury occur?
18. Fureral director Tay grand 18 Rawlins	Injured at home, farm, Industry, public place (where?) Meane of Injury Injured at work?
Address Luns has Ind.	23. SIGNATURE Charles & A Freeze for her
19 May 5 19 X 6 Davis	The Address free for kell Bate signed

MARGIN RESERVED FOR BINDING

VS A15

MAY 8 1946

BUREAU

BY AND THE WATER SETT, CONTRACTOR

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

114694 Reg. Dist. No. 6.6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mather)	
County	State Md. County Caroline	
(if outside city or town limits, write RURAL and give nearest town)	City or town	
How long in above place of death	(If outside city or 16 wn limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where weath occurred:	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Merin I Lomas.	3.(b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
m. C	20. DATE OF DEATH May 6 19 44, at 830P M	
6.(b) Name of husband or wite	21. I CENTIFY that death occurred on the data above stated; that t attended deceased from	
	May 4 1946 10 May 6 186	
7. Birth date of 7404 H 194/	and that I tast saw we we alige on Melens 5 19 9 6	
deceased (mo., day, yr.) May T, 1976	Immediate cause of death	
8. AGE: Years Months Days It less than one day	the well so	
3 ·min.		
Ridy elms md'		
9. Birthplace	Due to	

1D. Usuat occupation	Due to	
11. industry or business		
12 Name James Thomas.	Other conditions	
12. Name James Thomas.		
	(Include pregnancy within 3 months of death)	
14. Maiden name Louis July - 15. Birtholace Md	Major findings of operations.	
S 15. Birthplace Ma	Date of op.	
anne Thomas.	Autopsy results	
t6. Informant	PHYSICIAN: Ptease underline the cause to which death should be charged statistically.	
Address (Medyelys ma	22. VIOLENCE: If death was due to external causes, till in the following:	
17 Bune Date thereof may 7, 1946		
(Burial, cremation, or removal. Which?) (mosth) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Tomas Burial Grown.	Where did injury occur?	
Negel Ridging md'	Injured at home, farm, tudustry, public place (where?)	
Location	Means of Injury injered at work?	
18. Funeral director augmontal 10. 1 aways	1	
Address There has md.	COO 1 X State Ollan	
7.	23. SIGHALES CERTIFICATION M.D. FARTHER	
19 Many 7 19.46 A Down	Teum on one 11 61	
(Date rec'd by registrar) Registrar	Address Date signed	



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

(14695 L.H.

1. PLACE OF DEATH: County. Carelland City of town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street eddress where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Carolina City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Sarah C. Villin	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced bendowed	MEDICAL CERTIFICATION 2D. DATE OF DEATH
6.(b) Name of husband or wife Louder S. Willin 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) July 26, 1870	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. Y. 6. 19. Y. 6
8. AGE: Years Months Days If less than one day	leratual henorshage Slay
9. 8irthplace Dorchester County, Mary fand (Town, county, and state) 1D. Usual occupation Housework.	Due to. Due to. Squis.
11. Industry or business Harman Alliston Stevens 12. Name Alliston Stevens 13. Birthplace Docchecter County Mary fand	Other conditions
14. Malden name Sarah Merrick 15. Birthplace Dorchester County, Maryfand 16. Informant Louis William	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Louis Vielin Maryland R. F.D.	Autopsy results
17. Burial Date thereof May 9 /946 (Burial, cremation, or removal. Which?) Cemetery or crematory. Eldorado Cenetery.	22. VIOLENCE: If deafh was due to external causes, fill in the following; Accident, suicide, or homicide
Location Eldorade Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director & Framptom and Son Address Lederalsburg maryland	193. SIGNATURE Transfer M. On Cleron M. O.
19. May 8th 19H6 J. J. Fram 6 Tom Registrar	Address Tribian living, in a Date signed 17/46



9-45-15M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Garacia	State Zel County Dank	
City or town(If outside city or town limits, write RURAL and give nearest town)	State County County	
	City or town (if outside city or town limits, write RURAL end give nea	
How long In above place of death?	(if outside city or town limits, write KUKAL and give nea	rest town)
Hospital, Institution, or street address where death occurred:	Street No	
***************************************	(If rural, give LOCATION)	
How tong In hospital or tustilution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number
1, 00 - 1. 14		
Henry Christian I deglet	CONTRACTOR OF THE CARROW	
4. Sex 5. Color or rage 6.(a) Single, married, widowed, or directed	MEDICAL CERTIFICATION	20
n: 75 morried	20. DATE OF DEATH May 4 1846	12 PM
· Po. V. Pa	21. I CERTIFY that death occurred on the date above etated; that 1 altended dece	
6.(b) Name of hueband or with Aura 6 les Mary let	21. I CENTIFY that death occurred on the date above etates, that I addition deter	4 1946
7. Birth date of	may 2 19 46 10 My	
7. Birth date of	and that I last eaw he standilve on Theay.	11.76
deceased (mo., day, yr.) Stefet: 1 - 1812	Immediate cause of death	DURATION
8. AGE: Yeare Months Days If less than one day		
73 7 //hremln.		
2 , 10 5 1	(a, A, as Embulas)	3 days -
9. Birthplace Mark Jack Mark sad state)	Due to	7
10 Heart accuration Betiral Harris		2/
10. Usuat occupation.	Due to allega dolerasis	272
11, Industry or business		•
12 Name James 55 Danglet	Other conditions	• ••••
5		
13. Birthplace Charge	(Include pregnancy within 3 months of death)	
14. Malden namelleury Continu	Major fiadings of operations	
15. Birthplace Lucas Court		
16. Informant durs Blace Strugget	Autopsy results	statistically.
Address Deuton Red.		
12 . 2 - 7 - 41	22. VIOLENCE: It death was due to external causes, fill in the following;	
(Barial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, eulcide, or homicide Dale of	
116-4	Where did injury occur?	(Stota)
Cemetery or crematory		
Location / June low June June	Injured at home, farm, Industry, public place (where?)	8 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
1 3/2	Meene of Injury Injured 21 work?	
18. Funeral director	7	
Address / Deutse iss.	Hanson Nonel	
- 2 1/ 2 1/ P	23. SIGNATURE M. D.	or other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Addrese Lister Lind Date signed	6/7/46
(Date rec'd by registrar) Registrar	in Minister and a second secon	

